

# Planning for your Civilian Retirement

For Voluntary (Optional) and Involuntary (Discontinued Service and Disability) Retirements

Congratulations on your projected retirement! To allow us to properly prepare for your appointment with your HRO retirement counselor, you **MUST** mail, email, or fax the following **NLT 1 month prior to your** appointment. These are mandatory documents to expedite the process.

- Completed copy of this "Planning Your Retirement Questionnaire" - ALL
- Completed SF-52 Request for Personnel Action (request for retirement) - ALL
- Military Retirement Orders - Involuntary Retirement only
- 30-Day Notice of Termination - Involuntary Retirement only
- DD 214 or Military Orders (if not already on file at HRO)

(Mail to AZAA-HRO/ERS, 5636 E. McDowell Road, Phoenix, AZ 85008-3495, email to Mary Campbell [mary.campbell@az.ngb.army.mil](mailto:mary.campbell@az.ngb.army.mil) or FAX: DSN 853-2357, commercial 602-267-2357)

NOTE: The Human Resources Office will provide retirement estimates **up to one (1) year prior to projected retirement date**. An appointment will not be scheduled to process your retirement application if the above documents, **as applicable**, are not received by HRO ERS personnel.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address (including duty and home phone #): \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Projected Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your age at time of retirement? \_\_\_\_

Type of Retirement (check one): ☐ Optional (Voluntary)  
☐ Discontinued Service (Involuntary)  
☐ Disability (Involuntary)  
☐ Early Optional (Voluntary)  
☐ Law Enforcement Officer, Firefighter, Air Traffic Controller (Voluntary)

**Yes No**

☐ ☐ Married? If yes, complete the following:  
Spouse Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SSAN: \_\_\_\_\_

Submit a copy of your marriage license or complete the following:

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Married by Whom? Justice of Peace or Clergy or Other: \_\_\_\_\_

☐ ☐ Do you have a former spouse with court ordered survivor coverage or for whom you are considering electing survivor coverage?

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Yes No

___	___	Military Service
___	___	From _____ To _____
___	___	From _____ To _____
___	___	Have you received military retired pay?
___	___	- due to combat incurred disability?
___	___	- due to Retirement from Reserves (Title 10)
___	___	Will you have 7300 or more Active Duty military points when reaching civilian retirement?
___	___	If yes, do you wish to waive your civilian retirement and receive military retirement pay?
___	___	Have you made a deposit for any military service after Dec 31, 1956?
___	___	If yes, provide dates of each military active duty service period and date of deposit, if known
___	___	From _____ To _____ Date paid: _____
___	___	From _____ To _____ Date paid: _____
___	___	From _____ To _____ Date paid: _____
___	___	From _____ To _____ Date paid: _____
___	___	Were you first hired under CSRS before 1 Oct 1982?
___	___	Will you be eligible for Social Security when you reach age 62?
___	___	Have you received a refund of CSRS retirement contributions?
___	___	Have you received a refund of FERS retirement contributions?
___	___	If you received a CSRS refund, how much was refunded? \$ _____
___	___	Date of period(s) of service for which you received a refund?
___	___	From _____ To _____
___	___	From _____ To _____
___	___	When did you apply for the refund (month/year)? _____

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___	___	Have you performed civilian <b>temporary service prior to 01-01-1989?</b>
___	___	If Yes, provide dates (if known):
___	___	From _____ To _____
___	___	From _____ To _____
___	___	Have you made a deposit for this?
___	___	Does HRO have a letter from OPM showing paid off deposit (Forms OPM 1514 or SF 2806)?

For Voluntary (Optional) and Involuntary (Discontinued Service and Disability) Retirements

Have you received a refund of CSRS retirement contributions?  
If CSRS, what is your projected sick leave balance on retirement date:  
\_\_\_\_\_ hours

Are you enrolled in Federal Employee Health Benefits (FEHB)?

Have you been enrolled in a Federal Health Benefit Plan (FEHB or TRICARE) 5 years prior to retirement, or fewer years if it was your first opportunity to enroll?

Are you enrolled in Federal Employee Group Life Insurance (FEGLI)?  
If known, what coverage do you have? \_\_\_\_\_

Have you been enrolled in the FEGLI Plan 5 years prior to retirement or fewer years if it was your first opportunity to enroll?

Has military deposit form OPM 1514 or SF 2806 showing payment in full been sent to HRO for filing in your in OPF?

Have you received or have you applied for Worker's Compensation in the past 2 years?

Are you planning to move when you retire?

Forwarding address, if known: \_\_\_\_\_

**NOTE: All FERS employees** applying for a **civilian disability retirement** must apply with the Social Security Administration for Social Security Disability. **Employee must provide retirement counselor with letter of application from the Social Security Administration at retirement appointment.** Letter of approval/disapproval is to be sent/faxed to retirement counselor when received from Social Security, if retirement package has not been forwarded to OPM. If retirement package has been forwarded to OPM before receipt of letter, employee is responsible for mailing form directly to OPM, Retirement Operations Center, Boyers, PA 16017.

Use this area to list questions you would like to ask your Federal retirement counselor:

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